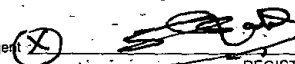
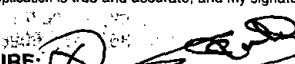


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

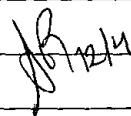
CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris, Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000041234			
1. Corporation Name SONA INC			
2. Principal Office Address 4900 ST RD 524		3. Mailing Office Address "Same"	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State COCOA FL		City & State	
Zip 32926	Country BRUNDA	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida 6/2/94		5. FEI Number 593246141	
		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name Patel, Sundee			
Street Address (P.O. Box Number is Not Acceptable) 4900 ST RD 524			
Suite, Apt. #, Etc.			
City COCOA		State FL	Zip Code 32926
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.			
Signature of Registered Agent 		Date	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Patel Sundee	4900 ST RD 524	COCOA FL 32926
V	Patel Kymnd	4900 ST RD 524	COCOA FL 32926
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.			
SIGNATURE: 		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

CR2501 (9/99)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

01 NOV 26 AM 9:10

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***300.00 ***300.00



To : Fl Dept of State/ Div of Corporation

Fr: Sona Inc.

Document No: P94000041234

Re: Reinstatement

Date: 11/05/01

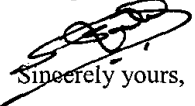
Dear Sir or Madam:

I here by request a waiver of penalty due to non receiving renewal notices.

We have not received any mail or form from Dept of State regarding renewal of corporation notices either last year or this year. We just found out from outside party that our corporation was resolved.

Please find enclosed check for \$300.00 for fees and completed reinstatement application.

We appreciate it your cooperation.



Sincerely yours,

Sandeep Patel